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ADDENDUM
to
The Massachusetts Guide
To Health Insurance
For People With Medicare:
Approved Medigap Policies and
Medicare HMO Plans

GOVERNMENT DOCUMENTS
COLLECTION

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Please note that rates for qualified Medicare HMO plans offered through a Medicare cost or risk contract with the federal government must be approved by the federal government's Health Care Financing Administration ("HCFA") before the rates are submitted to the Massachusetts Division of Insurance. As of the publication of this Addendum, HCFA has not yet responded regarding the approval of the HMO rates listed on pages 3-6.

Massachusetts Health Insurance for People with Medicare

Approved Medigap Policies for Sale on or after January 1, 1997

Please Note: Rates May Change in 1997 -- Call Company for Updates

Company	Plan	Plan Name	Monthly List Rate	Outpatient Prescription Drug Benefit	Mail-Order Drug Benefit	Mail-Order Drug Copay
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Bankers Life and Casualty Company 222 Merchandise Mart Plaza Chicago, Illinois 60654 1-508-759-8901 (Cape Cod) 1-508-820-8301 (Framingham) 1-413-739-7696 (Springfield)	Core Medicare Supplement 2	Core Medicare Supplement 2	\$53.48 \$157.08	No Yes	No No	-- --
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Premium by Geographic Area? No 1997 Open Enrollment Periods: Continuous Available through associations only? No Premium Discount Program? Yes, when initially eligible	NOTE: Premium discount for automatic bank withdrawal program. Outpatient prescription drug benefit is offered through a statewide network of pharmacies.					
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Blue Cross & Blue Shield of MA 100 Summer Street Boston, MA 02110 1-800-258-2226 or 1-617-376-4700	Core Medicare Supplement 1 Medicare Supplement 2	Medex Core Medex Bronze Medex Gold	\$41.29 \$81.03 \$182.70	No No Yes	No No Yes	-- -- \$2 Generic \$15 Brand
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NOTE: Outpatient prescription drug benefit is offered through a statewide network of pharmacies.

Premium by Geographic Area? No 1997 Open Enrollment Periods: When initially eligible and February-March Available through associations only? No Premium Discount Program? Yes, when initially eligible	Rates proposed to be effective in 1997: Medex Core \$54.76 Medex Bronze \$96.09 Medex Gold \$236.30
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Massachusetts Health Insurance for People with Medicare

Approved Medigap Policies for Sale on or after January 1, 1997

Please Note: Rates May Change in 1997 -- Call Company for Updates

Company	Plan	Plan Name	Monthly List Rate	Outpatient Prescription Drug Benefit	Mail-Order Drug Benefit	Mail-Order Drug Copay
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Hartford Life Insurance Company	Core	Core				
P.O. Box 2999	Medicare Supplement 1	Medicare Supplement 1	\$41.00	No	No	--
Hartford, CT 06104-2999	Medicare Supplement 2	Medicare Supplement 2	\$74.00	No	No	--
TROA: 1-800-247-2192			\$139.00	Yes	No	--
AUSA: 1-800-882-5707						

Premium by Geographic Area?	No					
1997 Open Enrollment Periods:	Continuous					
Available through associations only?	Yes, The Retired Officers Association (TROA) and Association of the United States Army (AUSA)					
Premium Discount Program?	No					

Prudential - AARP Program	Core	Core				
P.O. Box 7000	Medicare Supplement 1	Medicare Supplement 1	\$47.00	No	No	--
Allentown, PA 18175-0400	Medicare Supplement 2	Medicare Supplement 2	\$89.25	No	No	--
1-800-523-5800			\$173.50	Yes	No	--

NOTE: Premium discount for automatic bank withdrawal program.

Premium by Geographic Area?	No					
1997 Open Enrollment Periods:	Continuous					
Available through associations only?	American Association of Retired Persons (AARP)					
Premium Discount Program?	No					

Rates proposed to be effective in 1997:

Supplement 2 \$225.25

Massachusetts Health Insurance for People with Medicare

Approved Medicare HMO Plans for Sale on or after January 1, 1997

Please Note: Rates Pending Federal Approval and Division of Insurance Review

HMO	Plan Name	Monthly Premium	Office Visit Copay	Outpatient Prescription Drug Benefit	Outpatient Prescription Drug Copay	Mail-Order Drug Benefit	Mail-Order Drug Copay
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Fallon Community HP, Inc. 10 Chestnut Place Worcester, MA 01608 1-508-831-0712	Senior Saver Senior Preferred	\$0.00 \$72.50	\$5 \$5	No Yes	-- 30-Days: \$2 Generic \$5 Brand	No Yes	-- 30-Days: \$2 Generic \$5 Brand
					or		or
					90-Days: \$6 Generic \$15 Brand		90-Days: \$6 Generic \$15 Brand

Premium by Geographic Area? No							
1997 Open Enrollment Periods Continuous for new members; February/March for existing members changing from non-drug to drug product							
Plan Model: Group and Independent Practice Association (IPA)							
Plan Contract with Medicare: Risk							
Premium Discount Program? No							

Harvard Pilgrim HC, Inc. 3 Allied Drive Dedham, MA 02026 1-800-779-7723	First Seniority with drug benefit	\$0.00 \$65.00	\$5 \$5	No Yes	-- 30-Days: \$5 All	No Yes	-- 30-Days: \$5 All
					or		or
					90-Days: \$10 All		90-Days: \$10 All

Premium by Geographic Area? No							
1997 Open Enrollment Periods Continuous for new members; February/March for existing members changing from non-drug to drug product							
Plan Model: Staff and Independent Practice Associations (IPAs)							
Plan Contract with Medicare: Risk							
Premium Discount Program? No							

Massachusetts Health Insurance for People with Medicare

Approved Medicare HMO Plans for Sale ~~on~~ or after January 1, 1997

Please Note: Rates Pending Federal Approval and Division of Insurance Review

HMO	Plan Name	Monthly Premium	Office Visit Copay	Outpatient Prescription Drug Benefit	Outpatient Prescription Drug Copay	Mail-Order Drug Benefit	Mail-Order Drug Copay
Harvard Pilgrim HC of New England, Inc. 1 Hoppin Street Providence, RI 02903 1-800-835-5522 ext.51406	Care Plus with drug benefit	\$65.00 \$123.00	\$5 \$5	No Yes	--	No Yes	--
					30-Days: \$5 All		30-Days: \$5 All
					or		or
					90-Days: \$10 All		90-Days: \$10 All

Premium by Geographic Area? No
 1997 Open Enrollment Periods Continuous for new members; February/March for existing members changing from non-drug to drug product
 Plan Model: Staff and Independent Practice Associations (IPAs)
 Plan Contract with Medicare: Cost
 Premium Discount Program? No

Pilgrim Health Care, Inc. 10 Accord Executive Drive Norwell, MA 02061 1-800-269-9302	Prime 65-Option A Prime 65-Option B	\$0.00 or \$61.00 \$65.00 or \$126.00	\$5 \$5	No Yes	--	No Yes	--
					30-Days: \$3 Generic \$9 Brand		30-Days: \$3 Generic \$9 Brand
					or		or
					90-Days: \$8 Generic \$15 Brand		90-Days: \$8 Generic \$15 Brand

Premium by Geographic Area? Yes, premium based on where one lives.
 1997 Open Enrollment Periods Continuous for new members; February/March for existing members changing from non-drug to drug product
 Plan Model: Independent Practice Association (IPA)
 Plan Contract with Medicare: Risk
 Premium Discount Program? No

Massachusetts Health Insurance for People with Medicare

Approved Medicare HMO Plans for Sale on or after January 1, 1997

Please Note: Rates Pending Federal Approval and Division of Insurance Review

HMO	Plan Name	Monthly Premium	Office Visit Copay	Outpatient Prescription Drug Benefit	Outpatient Prescription Drug Copay	Mail-Order Drug Benefit	Mail-Order Drug Copay
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Tufts Associated HP 333 Wyman Street Waltham, MA 02254 1-800-246-2400	Secure Horizons w/Pharmacy Coverage	\$0 \$65	\$5 \$5	No Yes	-- \$8 Generic \$15 Brand	No Yes	-- \$4 Generic \$8 Brand

Premium by Geographic Area? No
 1997 Open Enrollment Periods Continuous for new members; February/March for existing members changing from non-drug to drug product
 Plan Model: Independent Practice Association (IPA)
 Plan Contract with Medicare: Risk
 Premium Discount Program? No

United HealthCare of New England, Inc. 475 Kilvert St., Suite 310 Warwick, RI 02886-1392 1-800-448-4481	Medicare Complete Medicare Plus w/ dental w/ drug benefit w/ drug & dental	\$0 \$0 \$46 \$124 \$170	\$15 \$5 \$5 \$5 \$5	No No No Yes Yes	-- -- -- \$10 All \$10 All	No No No No No	-- -- -- -- --

Premium by Geographic Area? No
 1997 Open Enrollment Periods Continuous for new members; February/March for existing members changing from non-drug to drug product
 Plan Model: Independent Practice Association (IPA)
 Plan Contract with Medicare: Risk
 Premium Discount Program? No

Massachusetts Health Insurance for People with Medicare

Approved Medicare HMO Plans for Sale on or after January 1, 1997

Please Note: Rates Pending Federal Approval and Division of Insurance Review

HMO	Plan Name	Monthly Premium	Office Visit Copay	Outpatient Prescription Drug Benefit	Outpatient Prescription Drug Copay	Mail-Order Drug Benefit	Mail-Order Drug Copay
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U.S. Healthcare, Inc. 3 Burlington Woods Drive Burlington, MA 01803 1-800-233-3105	Medicare Premier with drug benefit	\$40	\$2	No	--	No	--
	Medicare V	\$99	\$2	Yes	\$10 All	No	--
	with drug benefit Medicare X	\$10	\$5	No	--	No	--
	with drug benefit Medicare X	\$69	\$5	Yes	\$10 All	No	--
	with drug benefit	\$0	\$10	No	--	No	--
		\$59	\$10	Yes	\$10 All	No	--

Premium by Geographic Area? No

1997 Open Enrollment Periods Continuous for new members; February/March for existing members changing from non-drug to drug product

Plan Model: Independent Practice Association (IPA)

Plan Contract with Medicare: Risk

Discount Program? No

NOTE: Office copay listed above is for primary care visits only; other copayments vary based upon type of care received.

Massachusetts Health Insurance for People with Medicare

**** Medigap Policies Only Available for Sale Through January 31, 1997 ****

Company	Plan	Plan Name	Monthly List Rate	Outpatient Prescription Drug Benefit	Mail-Order Drug Benefit	Mail-Order Drug Copay
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Bankers Multiple Line Insurance Company will not offer the following plans to new policyholders after January 31, 1997, but will renew all existing Medigap policies after that date.

Bankers Multiple Line Insurance Company 500 N. Akard Street Dallas, Texas 75201 1-800-643-9917	Core Medicare Supplement 1	Core Medicare Supplement 1	\$43.61	No	No	--
	Medicare Supplement 2	Medicare Supplement 2	\$72.15	No	No	--
			\$107.34	Yes	Yes	\$8 Generic \$15 Brand

NOTE: Proposed new monthly rate for Medicare Supplement 2 is \$226.44.

NOTE: Premium discount for automatic bank withdrawal program. Outpatient prescription drug benefit is offered through a statewide network of pharmacies.

Premium by Geographic Area?	No
1997 Open Enrollment Periods:	ONLY DURING JANUARY 1997
Available through associations only?	No
Premium Discount Program?	No

Massachusetts Health Insurance for People with Medicare

**** Medigap Policies Only Available for Sale Through January 31, 1997 ****

Company	Plan	Plan Name	Monthly List Rate	Outpatient Prescription Drug Benefit	Mail-Order Drug Benefit	Mail-Order Drug Copay
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Mutual of Omaha will not offer the following policies after 1/31/97, but will renew all existing Medigap policies after that date.

Mutual of Omaha Life Insurance Mutual of Omaha Plaza Omaha, NE 68175 1-800-995-9163	Core Medicare Supplement 1 Medicare Supplement 2	Core Medicare Supplement 1 Medicare Supplement 2	\$43.12 \$79.69 \$166.00	No No Yes	No No No	-- -- --
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Premium by Geographic Area?
1997 Open Enrollment Periods:
Available through associations only?
Premium Discount Program?

No
ONLY DURING JANUARY 1997
No
No
No

New York Life will not offer the following policies after 1/31/97, but will renew all existing Medigap policies after that date.

New York Life Insurance 3316 Farnam Street Omaha, NE 68175 1-800-995-7445	Core Medicare Supplement 1 Medicare Supplement 2	Core Medicare Supplement 1 Medicare Supplement 2	\$43.12 \$79.69 \$166.00	No No Yes	No No No	-- -- --
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Premium by Geographic Area?
1997 Open Enrollment Periods:
Available through associations only?
Premium Discount Program?

No
ONLY DURING JANUARY 1997
No
No
No

Massachusetts Health Insurance for People with Medicare

HMO Suspended from Offering Medicare Plans for Coverage Beginning March 8, 1996

Because of HCFA Intermediate Sanctions

HMO	Plan Name	Monthly Premium	Office Visit Copay	Outpatient Prescription Drug Benefit	Outpatient Prescription Drug Copay	Mail-Order Drug Benefit	Mail-Order Drug Copay
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HMO Blue 100 Summer Street Boston, MA 02110 1-800-678-2265	Blue Care 65 Value Blue Care 65 Value Plus	\$0 to \$30 \$65 to \$95	\$5 \$5	No Yes	-- Health Center: \$5 All or	No Yes	\$5 Generic \$10 Brand
Premium by Geographic Area? Yes, premium based on where one lives 1997 Open Enrollment Periods Continuous for new members; February/March for existing members changing from non-drug to drug product Plan Model: Plan Contract with Medicare: Risk Premium Discount Program? No							
Retail Pharm: \$5 Generic \$10 Brand							

*** This product cannot be offered beginning March 8, 1996 because of federal HCFA intermediate sanctions. Contact HMO Blue for more information.

